



Desert Sierra Health Network Membership Application

Are you interested in improving health through better nutrition and increase physical activity in your...

Community? Workplace? School? Church? Home?

Name: _____

Organization and Program: _____

Title: _____

E-Mail: _____

Mailing Address: _____

Work Phone: _____

FAX: _____

Please indicate which committee, if any, where you would like to participate. Remember that committees may meet more than four times a year.

____ **Youth & Family Wellness**

Promote good health in families and schools

____ **Worksite Wellness**

Help promote wellness at the worksite

____ **Mini-grant**

Assists in the scoring of submitted mini-grant applications

____ **Communications**

Spread the word about the importance of good nutrition and physical activity

____ **Resource**

Develop membership directory/blog site, conduct surveys, and provide legislative updates as necessary

RETURN FORM:

FAX FORM: (909) 382-3913

MAIL FORM:

Attn: Pamela Sit, MSPH
San Bernardino County Depart. of
Public Health, Nutrition Program
351 North Mountain View Avenue
Room 104
San Bernardino, CA 92415-0010

FOR INFORMATION CONTACT:

SAN BERNARDINO AND INYO COUNTIES:

Pamela Sit, MSPH, Health Education Assistant
(909) 382-3913, psit@dph.sbcounty.gov

RIVERSIDE COUNTY:

Josette Quinn, MPH, Program Coordinator
(951) 358-5985, jharris@co.riverside.ca.us